MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AS FILED AFTER I AMERDMENT AFTER AS FILED 2 MAMERIAMENT AFTER IND. I"AMENDMENT 1 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>6</u> TOTAL IND. A T TOTALEX \$ A TOTAL DES TOTALBER <a TOTAL TOTAL CLAIMS CLABES U.S. DEPARTMENT of COMMERCE